kinds of iodoform gauze, and plain washed gauze, and I have never yet seen gauze that would drain pus out of the bottom of the pelvis or from one of the flanks. Not only will it not remove the pus, but it will actually dam it back and more or less obstruct its outflow. Of course it is not possible, probably, to get perfect drainage up hill, but much better results may be obtained by using tubes than by using gauze. By using tubes one can obtain, so far as the abdomen is concerned, dependent drainage. A glance at the morphology of the posterior wall of the abdominal cavity or what forms the floor, when the patient is in the recumbent position as after an operation for septic peritonitis, shows that there are three dependent regions, the two flanks and the pelvis. In emptying the abdomen of fluid the last will be taken from one or the other of these regions. All the fluid in the abdomen gravitates in this direction, and if the fluid is removed from the two flanks and the pelvis as fast as it accumulates there will be attained practically, dependent drainage of the abdomen. Now this cannot be brought about by gauze but it can be by tubes. I prefer large rubber tubes. I sometimes use them as large as $\frac{5}{8}$ inches in diameter. They should not be perforated. Perforation only gives a chance for a piece of omentum or intestinal wall to enter and give trouble, and they are useless. The fluids will gravitate to one of these regions without help. This large tube can be sucked out with a syringe or wiped out with bits of gauze, without causing the patient any inconvenience whatever. This is one of the great advantages of the large tube. The dressings are absolutely painless. I leave a small strip of gauze through the tube, right to the bottom which drains away the serous part and renders the necessity for dressing and cleaning the tube less frequent. One, two or three tubes should be used, according to the number of dependent regions, that, in the opinion of the operator should be drained. On the contrary, if these spaces are not kept empty they become filled first and then the fluid backs up among the intestines. This plan lessens the necessity of trying to drain away the fluid from among the coils of small intestines. I never could succeed in placing gauze strips between the coils in a manner at all satisfactory to myself. The strips soon become more like ropes and if peristatsis is at all active and it should be, the strips soon become displaced.

During my last term of attendance there were admitted to my wards in the Montreal General Hospital twenty-six cases of appendicitis; of these seven were discharged well, without operation. Nineteen were operated upon and they all recovered but one. There were four cases of general peritonitis, with commencing paresis of the